

☒ Initial Application
☐ Amended Application
Date: 9/18/19



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

CC2019-03

COMMITTEE TYPE (choose one):

☒ Candidate

Committee Name (required):
(first or last name & office)

Eric Nolan for City Council

Candidate Information:

Candidate's Name (required):

Eric Nolan

Candidate's mailing address (required):

409 W Havasupai Rd 86001

Candidate's email address (required):

eric.nolan.for.flagsstaff@gmail.com

Candidate's phone number (required):

310.408.9973

Candidate's website (if any):

ericnolanforflagsstaff.com

Office Sought (choose one):

☐ Governor

☐ Secretary of State

☐ Attorney General

☐ State Treasurer

☐ Superintendent of Public Instruction

☐ State Mine Inspector

☐ Corporation Commissioner

☐ State Senate

☐ State House of Representatives

☐ District (required): _____

☐ County Office: _____

☐ District (if applicable): _____

☒ City/Town Office: City Council

☐ District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required):

2020

Party Affiliation:

(required for partisan offices)

☐ Democrat

☐ Green

☐ Libertarian

☐ Republican

☐ Other: _____

☐ Political Action Committee (PAC)

Committee Name (required):
(if sponsored, must include
sponsor's name)

Political Function (optional):
(select any that apply)

☐ Contributions

☐ Candidate-Related Independent Expenditures

☐ Ballot Measure Expenditures

☐ Recall Expenditures

Sponsorship Information:
(if applicable)

Sponsor's name or nickname (required): _____

Sponsor's mailing address (required): _____

Sponsor's email address (required): _____

Sponsor's phone number (if any): _____

Sponsor's website (if any): _____

Special Status
(if applicable)

☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union

☐ Standing Committee (must also complete separate standing committee registration)

☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)

☐ Political Party

Committee Name (required):
(must include party affiliation)

Jurisdiction:

☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)

☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)

☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Special Status
(if applicable)

☐ Standing Committee (must also complete separate standing committee registration)